

# ABSTRACT OF SANITARY REPORTS.

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## UNITED STATES.

### SPECIAL REPORTS.

#### *Influenza and allied diseases.*

NEW YORK, N. Y.—Week ended March 15. Influenza caused 3 deaths.

CHICAGO, ILL.—Week ended March 15. Lung diseases prevail.

PHILADELPHIA, PA.—Week ended March 8. Phthisis pulmonalis caused 59 deaths; bronchitis, 14; pneumonia, 35; and influenza, 1.

BALTIMORE, MD.—Week ended March 15. Phthisis pulmonalis caused 31 deaths; bronchitis, 4; and pneumonia, 26.

CINCINNATI, OHIO.—Week ended March 15. Phthisis pulmonalis caused 16 deaths; bronchitis, 9; and pneumonia, 17.

DENVER, COLO.—Week ended March 7. The prevailing diseases are pneumonia and phthisis pulmonalis (and measles).

Week ended March 14. Pneumonia, bronchitis, and measles prevail.

ROCHESTER, N. Y.—Week ended March 8. Pneumonia caused 9 deaths.

INDIANAPOLIS, IND.—Week ended March 14. Phthisis pulmonalis caused 12 deaths and pneumonia 6.

NASHVILLE, TENN.—Week ended March 15. Of the 30 deaths for the week, 21 were colored and 11 under five years of age. Result probably of the severe weather.

GALVESTON, TEX.—Week ended February 28. Phthisis pulmonalis caused 1 death; la grippe, 1; and influenza, 1.

#### *Bills of health to be visaed by consuls at intermediate ports.*

The following extract from the report of the United States consul at Barbadoes, W. I., is printed for the information of quarantine officers. Masters of vessels having obtained bills of health at the port of departure are expected to have the same visaed by the consul at each intermediate port at which they call. There is no means of compelling

this, however, excepting by unusual rigidity of examination of vessels which have neglected their sanitary certificates :

CONSULATE OF THE UNITED STATES,  
*Barbadoes, W. I., February 15, 1890.*

In accordance with consular regulation No. 336, I report that the steamer *Sidonian*, of the Anchor Line Steamship Company, left this port on the 13th instant for New York, *via* the Windward Islands, without taking a bill of health, and I would ask instructions in cases like the following : The Brazilian steamers come here from South America and leave for the United States, *via* Martinique and St. Thomas, and are only six or seven days from here to New York. They do not call at this consulate, nor take bills of health. Shall such cases be reported in each instance? Sailing-vessels all run out the quarantine before arrival if they call at intermediate ports, but steamships do not, and while some steamship masters are very particular about taking all proper bills of health, others are equally particular to avoid so doing.

*Croup and Diphtheria.*

The following extract from the *Monthly Sanitary Record* of February, 1890, the official publication of the Ohio State board of health, illustrates the practical identity of membranous croup and diphtheria :

A serious outbreak of diphtheria in Mansfield has been traced to a case of so-called *membranous croup*, and emphasizes the necessity for health boards to treat these diseases as identical so far as all measures for their prevention is concerned.

In the outbreak at Mansfield a child died with what the attending physician pronounced membranous croup. The case was not reported to the health office, and the child, dying on Monday, was not buried until Wednesday, scholars having sat up with the corpse, and a public funeral being held.

Two children in the same family and one in a neighboring family were taken about this time with genuine diphtheria, and a number of persons were exposed to the disease.

The Mansfield board of health will now require physicians to report cases of membranous croup, which will be dealt with in the same manner as cases of diphtheria. The Columbus board of health adopted this rule some time ago, and we would be glad to see such a rule enforced by every board of health in the State.

The question of the identity of membranous croup with diphtheria does not affect this proposition, although it has been repeatedly shown that genuine diphtheria may develop from exposure to cases diagnosed as membranous croup.

*Reports of States, and Yearly and Monthly Reports of Cities.*

ALABAMA—*Mobile*.—Month of February, 1890. Population, 40,000. Total deaths, 44, including enteric fever, 2.

Phthisis pulmonalis caused 9 deaths and bronchitis 1.

**CALIFORNIA—Oakland.**—Month of February, 1890. Population, 60,000. Total deaths, 66, including whooping-cough, 1; and scarlet fever, 1.

Phthisis pulmonalis caused 7 deaths; bronchitis, 5; and pneumonia, 6.

**Sacramento.**—Month of February, 1890. Population, 35,000. Total deaths, 36, including croup, 1.

Phthisis pulmonalis caused 3 deaths; bronchitis, 1; and pneumonia, 8.

**San Francisco.**—Month of February, 1890. Population, 330,000. Total deaths, 551, including croup, 4; diphtheria, 3; enteric fever, 6; measles, 3; and whooping-cough, 2.

Phthisis pulmonalis caused 114 deaths; bronchitis, 23; and pneumonia, 88.

**CONNECTICUT—New Haven.**—Month of January, 1890. Population, 85,000. Total deaths, 225, including scarlet fever, 1; enteric fever, 1; whooping-cough, 5; diphtheria and croup, 9.

Phthisis pulmonalis caused 32 deaths; bronchitis, 17; and pneumonia and congestion of lungs, 75.

**IOWA—Des Moines.**—Month of February, 1890. Population, 55,000. Total deaths, 56, including diphtheria, 6.

Phthisis pulmonalis caused 14 deaths; pneumonia, 7; and influenza, 7.

**MASSACHUSETTS—Fall River.**—Month of February, 1890. Population, 69,000. Total deaths, 152, including croup, 2; diphtheria, 2; enteric fever, 2; measles, 1; and whooping-cough, 10.

Phthisis pulmonalis caused 21 deaths; bronchitis, 13; pneumonia, 17; and influenza, 1.

**Newton.**—Month of February, 1890. Population, 22,011. Total deaths, 23, including croup, 1; and diphtheria, 1.

Phthisis pulmonalis caused 3 deaths; bronchitis, 1; and pneumonia, 2.

The monthly report says:

This month shows the smallest number of contagious diseases reported since June, 1888. Four cases of whooping-cough were reported although not required by this board. Influenza has practically disappeared, although its complications are apparent in a few instances. From 60 to 70 per cent. of our citizens have suffered from it in one form or another.

**Worcester.**—Month of February, 1890. Population, 85,000. Total deaths, 101, including croup, 3; enteric fever, 1; and diphtheria, 2.

Phthisis pulmonalis caused 16 deaths; bronchitis, 6; and pneumonia, 10.

**MICHIGAN.**—Week ended March 8, 1890. Reports to the State board of health, Lansing, from 58 observers, indicate that typho-malarial fever, membranous croup, pleuritis, inflammation of kidney,

erysipelas, and remittent fever increased, and that inflammation of brain, cholera morbus, typhoid fever, pneumonia, dysentery, whooping-cough, and cerebro-spinal meningitis decreased, in area of prevalence.

Diphtheria was reported at 35 places. Scarlet fever decreased by 27 per cent., and was reported at 37 places. Enteric fever was reported at 14 places. Measles increased by 33 per cent., and was reported at 56 places. One case of varioloid was reported at Big Rapids.

*Detroit.*—Month of February, 1890. Population, 250,000. Total deaths, 254, including croup, 10; diphtheria, 17; measles, 4; whooping-cough, 3; and scarlet fever, 3.

Phthisis pulmonalis caused 14 deaths; bronchitis, 12; pneumonia, 26; and influenza, 2.

*NEW YORK.*—Month of January, 1890. Reports to the State board of health from eight districts, including New York City, Brooklyn, and 129 other cities and towns, show a total of 12,374 deaths, as against 8,337 in January, 1889. The deaths included enteric fever, 116; scarlet fever, 93; measles, 42; whooping-cough, 114; and croup and diphtheria, 516.

Phthisis pulmonalis caused 1,765 deaths and acute respiratory diseases 3,847.

The *Monthly Bulletin* says:

The mortality for January is over 60 per cent., or nearly 5,000, greater than the average during the past five years in this month. It is greater by 2,000 than that of July, the most fatal month in the year. The increase is not due to ordinary zymotic diseases, the actual number of deaths from which is 340 less than in January, 1889. The percentage of deaths under five years of age is also less by about one-half than the average for January. The increase has been due to the remarkable occurrence of epidemic influenza, which began in December. Only a few hundred deaths have been certified to from this cause directly. It has shown itself in a large mortality from all local diseases. The number of deaths from acute respiratory diseases is about three times greater than the average in January, and from diseases of the nervous, circulatory, and digestive systems there is an increase of from 37 to 40 per cent. Consumption shows an increase of 70 per cent.; deaths from old age are increased; and from unclassified causes they are nearly doubled. The death rate from the preventable diseases is unusually low, and the mortality record for the month would have been less than the average but for the advent of this uncontrollable epidemic, which has added not less than 4,000 to the mortality for the month.

*Rochester.*—Month of February, 1890. Population, 130,000. Total deaths, 162, including croup, 3; diphtheria, 2; enteric fever, 2; and measles, 7.



Phthisis pulmonalis caused 24 deaths; bronchitis, 3; and pneumonia, 12.

OHIO.—Month of January, 1890. Reports to the State board of health from 65 cities and towns, having an aggregate population of 1,307,500, show a total of 2,164 deaths, including croup and diphtheria, 151; measles, 29; scarlet fever, 22; enteric fever, 62; and whooping-cough, 33.

Phthisis pulmonalis caused 246 deaths; bronchitis, 105; and pneumonia, 379.

TENNESSEE—*Nashville*.—Month of February, 1890. Population, 68,531. Total deaths, 83, including scarlet fever, 1; and enteric fever, 2.

Phthisis pulmonalis caused 19 deaths; bronchitis, 1; and pneumonia, 14.

*Reports received.*

From the secretary of the State board of health of Delaware, a complete set of official reports and circulars.

From the medical superintendent of the St. Lawrence quarantine service, the quarantine and public health reports for 1889.

From the secretary of the State board of health of Illinois, a report of the proceedings of the State board of health, at its annual meeting, in Springfield, January 30, 1890, and February 13, 1890.

From the secretary of the State board of health of West Virginia, a set of the reports of the State board of health.

From Dr. Jerome Cochran, State health officer, Montgomery, Ala., a copy of the report of the Alabama State board of health for the year 1887.

From the State board of health of Pennsylvania, annual reports for 1885, 1886, and 1887.

From the State board of health of New York, annual reports from 1880 to 1889, inclusive.

[illegible]

## FOREIGN.

(Reports received through the Department of State and other channels.)

**GREAT BRITAIN—*England and Wales.***—The deaths registered in 28 great towns of England and Wales during the week ended March 1 corresponded to an annual rate of 25.6 a thousand of the aggregate population, which is estimated at 9,715,559. The lowest rate was recorded in Cardiff, viz, 16.5, and the highest in Bolton, viz, 43.7 a thousand. Diphtheria caused 3 deaths in Salford and 2 in Liverpool.

**London.**—One thousand eight hundred and forty-seven deaths were registered during the week, including measles, 19; scarlet fever, 14; diphtheria, 24; whooping-cough, 97; enteric fever, 7; and diarrhœa and dysentery, 12. The deaths from all causes corresponded to an annual rate of 21.3 a thousand. Diseases of the respiratory organs caused 492 deaths. In greater London 2,248 deaths were registered, corresponding to an annual rate of 20.4 a thousand of the population. In the "outer ring" the deaths included measles, 7; diphtheria, 8; whooping-cough, 23.

**Ireland.**—The average annual death rate, represented by the deaths registered during the week ended March 1, in the 16 principal town districts of Ireland, was 35.0 a thousand of the population. The lowest rate was recorded in Kilkenny, viz, 4.2, and the highest in Waterford, viz, 55.6 a thousand. In Dublin and suburbs 208 deaths were registered, including measles, 3; enteric fever, 9; whooping-cough, 8; and influenza, 2.

**Scotland.**—The deaths registered in eight principal towns during the week ended March 1 corresponded to an annual rate of 26.9 a thousand of the population, which is estimated at 1,345,563. The lowest mortality was recorded in Greenock, viz, 17.7, and the highest in Paisley, viz, 36.0 a thousand. The aggregate number of deaths registered from all causes was 697, including measles, 24; scarlet fever, 4; diphtheria, 6; whooping-cough, 53; fever, 4; and diarrhœa, 6.

**Gibraltar.**—The United States consul furnishes the following sanitary report for the year 1889:

Owing to the prevalence of whooping-cough, small-pox, and diphtheria, the health of the community of Gibraltar was not quite as satisfactory during the year 1889 as in the previous one.

The death rate in the fixed civil population was 21.3 a thousand, an increase of 0.8 a thousand as compared with 1888. In the military population the death rate was 11.6 a thousand. There was a decrease in the number of deaths of children under five years of age, but they still constitute a third of all the deaths. The birth rate was 26.1 a

thousand in the civil population and 19.6 a thousand among the troops. Births being in excess of deaths, there is an increase of 90 in the civil population. Among the diseases prevailing during the year there were 63 cases of small-pox, of which 6 proved fatal. Three of these bore no marks of vaccination, but were reported as doubtful, and 3 had not been vaccinated. No case occurred in any person who had been re-vaccinated since infancy, and no case occurred amongst the troops, whose re-vaccination is compulsory. One hundred and fifty-two cases of diphtheria were reported in 1889, of which 30 proved fatal. As regards fevers, the record is highly satisfactory. The deaths amount to only 0.27 a thousand of the population, while ten years ago a rate of 50 a thousand was not at all unusual. Diseases of the respiratory system still cause one-fourth of the total deaths.

*Singapore, British India.*—Month of December, 1889. Four hundred and eighty-eight deaths were reported, including fevers, 157; bowel complaints, 40; small-pox, 1; and beri beri, 29.

*CUBA—Havana.*—Week ended March 6. Four deaths from yellow-fever were reported.

*UNITED STATES OF COLOMBIA—Colon.*—Month of February, 1890. No deaths from contagious diseases. Dry weather has set in. Health very good.

*DUTCH GUIANA—Paramaribo.*—Month of January, 1890. Population, 27,752. Total deaths, 104, none of which were from contagious diseases.

*GILBERT ISLANDS—Butaritari.*—Eight deaths were reported during the period from November 3, 1889, to January 5, 1890, none of which were from contagious diseases.

*MEXICO—Vera Cruz.*—The United States consul furnishes the following tabular statement of the number of deaths from yellow fever during the past twenty-four years, by months, taken from the civil record, in which is kept a short history of each person. When a death occurs the name of the decedent is recorded in alphabetical order, with history and occupation, and name of disease. Nearly or quite one-third of the deaths in that city are due to lung diseases:



Total number of deaths in twenty-four years at Vera Cruz from yellow fever, taken from the civil record of deaths.

Month.	1866.	1867.	1868.	1869.	1870.	1871.	1872.	1873.	1874.	1875.	1876.	1877.	1878.	1879.	1880.	1881.	1882.	1883.	1884.	1885.	1886.	'87.	'88.	'89.	Totals by months.
January.....		18	7			3	2	1	1	7			16	6	2	28	1	5	3	6	7				113
February.....		4	6				2		2	2	1	1	5	4		21	1	3	2	5	3				62
March.....	2	16	7			1	4			4	1			2	1	27	2	7		8	7	1			90
April.....	11	54	30	2			5	3		11			1	1		29	1	16		5	12		1		188
May.....	26	64	40			29	14	1	2	29		4	7	1		94	5	90	3	21	18				448
June.....	40	42	16			113	45	19	3	93	2	7	58	1		235	11	261	2	25	31	1			1,095
July.....	54	8	26	1		71	53	58	11	118	4	54	113	2	1	183	7	200	4	84	19				1,071
August.....	48	32	20	1		17	39	59	24	106	7	144	110	1	3	39	14	67	3	84	26				843
September.....	20	38	21	2	1	10	29	44	7	41	9	164	62	3	10	22	8	39	17	48	25	1	1		622
October.....	12	17	9	1	3	15	11	20	12	13	6	77	45		42	25	5	31	44	19	37	1	2		447
November.....	21	11	2	2	5	2	5	10	11	2	1	50	24		92	17	5	21	39	14	13		1		348
December.....	20	8	3		2	4	6	7	6		3	27	7		103	3	12	7	19	9	10				256
Totals by years.....	254	312	187		9	11	215	222	79	435	34	528	448	21	254	723	73	747	136	328	208	4	3	2	5,403

VERA CRUZ, January 31, 1890.

*Guaymas.*—From the dispatch of the United States consul, dated March 3, 1890:

The influenza or la grippe, from which three deaths occurred the past months at this port, is as a rule of a mild type in Guaymas and the only fatal cases are of those who were afflicted with pulmonary complaints. The disease is not general in this consular district.

#### INFLUENZA—CEREBRO-SPINAL COMPLICATIONS.

##### *Discussion by the Société Thérapeutique.*

[Translated for this Bureau from *La Pratique Médicale*, February 25, 1890.]

M. BILHAUT cites numerous observations of grippe complicated with cerebro-spinal lesions, and formulates the following conclusions based on these observations:

1. In the course of even a benign epidemic of grippe, and under the influence of this affection, cerebro-spinal troubles may be encountered at the commencement of the disease, during its progress, or at its decline.

Spinal troubles may induce temporary or permanent disorders (paraplegia, vesical paralysis, zona, etc.).

3. Cerebro-spinal lesions may pass into hemiplegia, mental disorders, debility, etc.

M. HUCHARD. M. Bilhaut does well to draw attention to the nervous perturbation incident to the state of convalescence, which has shown itself to be of long continuance and accompanied by weakness and extreme prostration even in the case of persons who have had grippe in its benign form.

To combat this, quinquina and the ferruginous preparations have been abused. Quinic gastralgia can only retard cure. Patients are not restored by substituting one disease for another.

In 1837 Vigla noted analogous facts: paraplegic accidents, medullary, of rapid evolution, appearing in a few days instead of weeks.

This statement bears a very important practical deduction. It proves that anæmia has been made to play too great a part in the accidents consequent on grippe.

To hit the mark we must aim straight at the nervous system. Having had occasion to verify the diminution of the phosphates eliminated by the urine in the case of many patients, I have administered phosphuret of zinc with the object of acting directly on the nervous system and of remedying its denutrition.

M. CONSTANTIN PAUL. The epidemic has supplied us with many surprises. In the first place the disease has not been consistent with itself. It was at first slight and transient, and hundreds of persons affected by it were able to resume their occupations on the next day, or two days after. It is the opposite of cholera, which is violent in its outbreak, and becomes attenuated after attacking the least-favored classes of the population. The present epidemic was slow in reaching the working classes and the hospitals were invaded only at the close of the epidemic.

Gastro-intestinal symptoms were rare in December. Later these symptoms, with pulmonary accidents, predominated.

The nervous system has undoubtedly been affected, but we must not set down to its account the accidents due to the diseases of the season.

Another fact to be noted is that while other epidemics assume an attenuated form by degrees and are gradually extinguished, remedies

which failed of effect at first becoming efficacious at a later stage, the epidemic of grippe became more grave as it increased in extent, and when it recurred in the same individual it would seem that the microbe gained in virulence as it gained ground.

It must be confessed that the physicians of the present day, never having seen any similar epidemic, were compelled to treat symptoms.

It is possible that there was abuse of certain remedies, but quinquina in moderate doses has never had a bad effect. I am not speaking of quinine, which is not a remedy of convalescence and which, at the onset, is useful. The effect of quinquina is not immediate. We must wait and continue it when the digestive tube is not incommoded by it and when the patient can eat.

The phosphates are useful only under certain conditions and in certain forms.

M. VIGIER. For ten years past I have strongly opposed the use of the alcoholized preparations of quinine which are improperly maintained in the Codex. The alcohol is injurious and deranges the stomach. The well-prepared extracts of quinine, combined with sugar or given in wafers, occasion no inconveniences. They even stimulate the appetite.

M. DUHOMME. We are all agreed that the disease has presented many aspects. I recall only one fact, published by all the newspapers, that the people were ceasing to eat, and the bakeries were in a state of marasmus.

M. FERNET. Like M. Huchard, I have observed very painful phenomena during convalescence, but I have also found patients with whom the phosphates were secreted in excess instead of in diminution. The urine was charged with albuminous urates. For this reason I ordered milk diet in preference to meat or tonics, which the appetite was too weak to support.

*Sanitary and medical report of the Kingdom of Norway for the year 1887, published in 1889.*

[Preface to report, translated for this Bureau.]

The sanitary state of the kingdom in 1887 has been in general satisfactory. Among predominating diseases pneumonia must be cited, which, although greatly diminished in frequency (the known cases are less numerous than those of preceding years up to 1879), has continued to be epidemic throughout almost the entire kingdom. Scarlet fever, generally less frequent, has gained ground in the diocese of Hamar. Measles reigned in an epidemic form in the city of Christiania and in the prefectures (territories) of Akershus, Smaalenene, Tromso, and of Finmarken. Diphtheria, the known cases of which having been slightly more numerous than in the preceding year, has extended into the diocese of Christiania, notably into the capital city itself, whilst it has diminished in the prefecture of Smaalenene. Whooping-cough has principally manifested itself in the cities of Christiania and Bergen. Typhus and typhoid fever have diminished in frequency, the cases known being the least numerous since 1852. The acute gastric affections are more numerous, the catarrhal diseases less frequent, than in the preceding year. The total number of known cases of acute epidemic diseases has been 142,651.

In 1887 the mortality, calculated according to the presumed population of the year, namely, 1,967,000, was 16.1 per 1,000. The number of deaths was 31,675, and that of still-born, 1,720. The number of births, 60,908, has surpassed the number of deaths by 29,233.

Of the 17,489 deaths of which the doctors have given the cause the largest number are from the following diseases: Phthisis and pulmonary tuberculosis, 2,694; diphtheria, 1,512; pneumonia, 1,294; cancerous diseases, 1,116; decrepitude, 908; diarrhoea and simple cholera, 763; tubercular meningitis, cerebral, and tuberculosis of the other organs, 704; acute bronchitis, catarrhal pneumonia, and laryngitis, 666; scarlet fever, 623; organic diseases of the heart, 621; cerebral apoplexy, 552; Bright's disease, 431; chronic bronchitis, 367; simple meningitis, 322; infantile convulsions, 315; croup, 289; congenital debility, 275; peritonitis, 267; whooping-cough, 260; measles, 212; puerperal fever, 185; and typhoid fever, 172.

Nine hundred and forty-nine of the deaths were accidental, 130 suicides, and 16 homicides.

The number of general hospitals was 49. In 43 of these hospitals 9,840 patients were treated, 7,867 of whom were discharged and 923 died, making a mortality of 10.5 per 100; 2,027 persons were treated in 11 insane asylums.

The medical administration of the country was divided into 152 civil districts. The total number of authorized physicians was 641; 46,546 persons were vaccinated, either by doctors or by assistant vaccinators, 627 in number. There are 812 licensed midwives and 93 apothecaries.

MORTALITY TABLE—FOREIGN CITIES.

Cities.	Week ended.	Estimated population.	Total deaths from all causes.	Deaths from—							
				Cholera.	Yellow fever.	Small-pox.	Typhus fever.	Enteric fever.	Scarlet fever.	Diphtheria.	Measles.
Glasgow.....	Mar. 1....	545,078	287								
Warsaw.....	Feb. 15....	445,770	225			5			2		
Calcutta.....	Jan. 25....	433,219	261	31		14			9	13	
Amsterdam.....	Feb. 22....	406,402	195							2	
Amsterdam.....	Mar. 1....	406,402	174				1			6	
Copenhagen.....	Jan. 25....	307,000	127					2	2	9	
Copenhagen.....	Feb. 22....	307,000	149					5	12		
Munich.....	Jan. 25....	298,000	183						1	4	
Munich.....	Feb. 1....	298,000	164					1	2	14	
Munich.....	Feb. 8....	293,000	154							9	
Munich.....	Feb. 15....	298,000	219					1	2	6	
Edinburgh.....	Jan. 25....	271,135	128						1	4	13
Edinburgh.....	Feb. 1....	271,135	131					2		3	9
Edinburgh.....	Feb. 8....	271,135	127						2	3	16
Bristol.....	Mar. 1....	232,248	121								
Genoa.....	Feb. 22....	180,221	114			2	2			1	
Stuttgart.....	Mar. 1....	125,510	55							2	
Catania.....	Feb. 24....	109,000	56					1			1
Barmen.....	Feb. 22....	109,000	43				1				
Barmen.....	Mar. 1....	109,000	49								2
Leghorn.....	Feb. 23....	103,659	58								
Leith.....	Jan. 25....	78,538	46					1	5		
Leith.....	Feb. 1....	78,538	32						8	1	
Leith.....	Feb. 8....	78,538	28						6		
Mayence.....	Feb. 22....	65,802	36							3	
Merida.....	Feb. 24....	47,448	43					1			
Merida.....	Mar. 3....	47,448	42								
Vera Cruz.....	Feb. 27....	23,800	16								
Vera Cruz.....	Mar. 6....	23,800	21								
Gibraltar.....	Feb. 23....	23,681	10			2					
Kingston, Can.....	Mar. 7....	18,284	13								
San Juan del Norte.....	Jan. 6....	1,100	1								
San Juan del Norte.....	Jan. 13....	1,100	1								

JOHN B. HAMILTON,

Supervising Surgeon-General, Marine-Hospital Service.